

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33066

1. PLACE OF DEATH

74 County Madison Registration District No. 630
 13 Township Meru Primary Registration District No. 4380
 6 City Skidmore Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Howard Russell Earley
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 15 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1902

7. AGE YEARS 30 MONTHS 4 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk in store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clerk 135

10. Date deceased last worked at this occupation (month and year) 3 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tarkio Mo

13. NAME John B. Earley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Mo

15. MAIDEN NAME Fara Monk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Mo

17. INFORMANT John B. Earley
(ADDRESS) Skidmore, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Skidmore DATE 10-10 1932

19. UNDERTAKER M. W. Kelly
(ADDRESS) Madison Mo

20. FILED Nov 1 1932 Dr. J. G. Manning
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931, to Oct 8 1932

I last saw him alive on Oct 7 1932 Death is said

to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Fatty degeneration of the heart Date of onset _____

Acute nephritis

Other contributory causes of importance: 930

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) R. J. Simpson M. D.

(Address) Skidmore Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1932

